



LISC Membership Form

Contact Details

Title: _____

First name: _____

Last name: _____

E-mail address: _____

Address: _____

Telephone number: _____

Membership Details

Renewal: Yes No

Membership number – if already a member: _____

Season ticket holder: Yes No

Payment method: Cheque Standing Order

Please help us save money on postage

Would you be happy to receive LISC communications by email? Yes No

Do you share your address with other members of the LISC? Yes No

Could we reduce costs by combining post to a single address? Yes No

If yes, please send my post to membership number: _____

Mail to:
Kieran Madigan, Hon. Sec.,
LISC, PO Box 7317,
Reading, Berks, RG27 7BL



London Irish Supporters Club

Standing Order Mandate

Please complete this form in **BLOCK CAPITALS** and return it to **YOUR OWN BANK**

To _____ Bank Sort Code

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Full address _____

A. Your Details

Account Name _____ Account Number

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Tel. No. - Day _____ Tel. No.- Evening _____

Please set up the following Standing Order and debit my/our account accordingly

B. Our Details

| | | | | | | | | |
|------------------------|--|-----------|----------|----------|----------|----------|----------|----------|
| Name of Organisation | : London Irish Supporters Club | | | | | | | |
| Bank and Branch Name | : Nat West, Kingston Upon Thames, Market Place Branch | | | | | | | |
| Account Number | : 58200800 | Sort Code | 6 | 0 | 6 | 0 | 0 | 2 |
| Reference to be quoted | : | | | | | | | |

Please note that the reference to be quoted is your four digit LISC membership number which can be found on your membership card. If you do not yet have your membership number, please quote your Surname as the reference.

C. About the Payment

| | |
|-----------------------------------|---------------------|
| Amount of the Payment | : £10.00 |
| Amount of normal payment in words | : TEN POUNDS |

D. Payment Dates

| | | | |
|------------------------------|--|-------------|-----------------|
| Date of Payments | : 1st August | Frequency : | Annually |
| Commencing | : Immediately | | |
| Total Number of payments | : Until further notice | | |
| Special Instructions: | Please make an immediate payment followed by payments on the 1st August, annually, until further notice | | |

E. Confirmation

- I/We acknowledge the Bank will not undertake to:
- (i) make any reference to Value Added Tax, or other indeterminate element
 - (ii) advise payer's address to beneficiary
 - (iii) advise beneficiary of inability to pay
 - (iv) request beneficiary's banker to advise beneficiary of receipt

Signature(s) _____

Date _____